

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Br</i>		<i>08-13-01</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>8-20-01</i>
FORMALITY REVIEW	<i>Dr</i>	<i>012</i>	<i>10/23/01</i>
RESPONSE FORMALITY REVIEW	<i>Dr</i>	<i>017</i>	<i>02-18-02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
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*530/42361*